

TACTICAL RESPONSE REPORT/Chicago Police Department

1. DATE OF INCIDENT 03-MAY-2015		TIME 18:50:00		2. ADDRESS OF OCCURRENCE 2459 N OAK PARK AVE CHICAGO, IL 60707				3. LOCATION CODE 303		4. BEAT/OCCUR 2512		
MEMBER INVOLVED	5. POSITION 9161		6. LAST NAME GOLDEN		7. FIRST NAME KENNETH M		8. STAR NO 7324		9. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		10. RACE CODE WHI	
	11. AGE [REDACTED]		12. HT. 511		13. WT. 235							
SUBJECT INFORMATION	14. DATE OF APPT. 03-JAN-2005				15. EMPLOYEE NO. [REDACTED]		16. UNIT & BEAT OF ASSIGNMENT 025 2512		17. DUTY STATUS <input checked="" type="checkbox"/> 01 On <input type="checkbox"/> 02 Off		18. MEMBER INJURED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No	
	19. MEMBER IN UNIFORM? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No											
	20. LAST NAME GAMA				21. FIRST NAME MIGUEL		22. M.I. [REDACTED]		23. SEX <input checked="" type="checkbox"/> 01 M <input type="checkbox"/> 02 F		24. RACE WWH	
	25. D.O.B. 14-MAY-1987				26. HT 507		27. WT. 280					
REASON FOR USE OF FORCE (Check all that apply)	28. ADDRESS 2520 N NEW ENGLAND AVE CHICAGO, IL 60707				29. TELEPHONE NO. [REDACTED]		30. WAS SUBJECT ARMED? <input type="checkbox"/> 01 Yes <input checked="" type="checkbox"/> 02 No		31. SUBJECT INJURED? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No		32. SUBJECT ALLEGED INJURY? <input checked="" type="checkbox"/> 01 Yes <input type="checkbox"/> 02 No	
	33. WHERE WAS MEDICAL TREATMENT OBTAINED? WEST SUBURBAN				34. BY WHOM? ER STAFF		35. CONDITION <input type="checkbox"/> 01 Apparently Normal <input checked="" type="checkbox"/> 02 Under Influence		36. CHARGES PLACED 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/31-1-A, 720 ILCS 5.0/12-2-B-4		37. CB NO. 19108269	
	38. DNA <input type="checkbox"/>				39. DNA <input type="checkbox"/>		40. DNA <input type="checkbox"/>		41. DNA <input type="checkbox"/>		42. DNA <input type="checkbox"/>	
	43. DNA <input type="checkbox"/>				44. DNA <input type="checkbox"/>		45. DNA <input type="checkbox"/>		46. DNA <input type="checkbox"/>		47. DNA <input type="checkbox"/>	
WEAPON DISCHARGE INCIDENT	SUBJECT'S ACTIONS				MEMBER'S RESPONSE				ASSAULT: ASSAULT			
	PASSIVE RESISTER				ACTIVE RESISTER				ASSAULT: BATTERY			
	ASSAULT: DEADLY FORCE				ASSAULT: DEADLY FORCE				ASSAULT: DEADLY FORCE			
	DID NOT FOLLOW VERBAL DIRECTION <input checked="" type="checkbox"/>				FLED <input type="checkbox"/>				IMMINENT THREAT OF BATTERY <input type="checkbox"/>			
	STIFFENED (DEAD WEIGHT) <input checked="" type="checkbox"/>				PULLED AWAY <input checked="" type="checkbox"/>				OTHER <input type="checkbox"/>			
	OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>			
	MEMBER PRESENCE <input checked="" type="checkbox"/>				OPEN HAND STRIKE <input type="checkbox"/>				ELBOW STRIKE <input type="checkbox"/>			
	VERBAL COMMANDS <input checked="" type="checkbox"/>				TAKE DOWN / EMERGENCY HANDCUFFING <input checked="" type="checkbox"/>				KNEE STRIKE <input type="checkbox"/>			
	ESCORT HOLDS <input checked="" type="checkbox"/>				OC CHEMICAL WEAPON <input type="checkbox"/>				CLOSED HAND STRIKE/PUNCH <input checked="" type="checkbox"/>			
	WRISTLOCK <input checked="" type="checkbox"/>				CANINE <input type="checkbox"/>				KICKS <input type="checkbox"/>			
ARMBAR <input checked="" type="checkbox"/>				TASER (Probe Discharge) <input type="checkbox"/>				IMPACT WEAPON (Describe in Box 40) <input type="checkbox"/>				
PRESSURE SENSITIVE AREAS <input checked="" type="checkbox"/>				TASER (Contact Stun) <input type="checkbox"/>				IMPACT MUNITION (Describe in Box 40) <input type="checkbox"/>				
CONTROL INSTRUMENT <input type="checkbox"/>				TASER (Spark Displayed) <input type="checkbox"/>				OTHER <input type="checkbox"/>				
OC/CHEMICAL WEAPON W/AUTHORIZATION <input type="checkbox"/>				OTHER <input type="checkbox"/>				OTHER <input type="checkbox"/>				
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LIEUTENANT OR ABOVE/OCIC REVIEW

THE ON-CALL INCIDENT COMMANDER (OCIC) WILL COMPLETE THE REVIEW SECTION FOR 1.) ALL INCIDENTS INVOLVING THE DISCHARGE OF A FIREARM BY A DEPARTMENT MEMBER; 2.) ALL INCIDENTS INVOLVING THE SERIOUS INJURY OR DEATH OF A MEMBER OF THE PUBLIC SUBSEQUENT TO INTERACTIONS WITH A DEPARTMENT MEMBER; 3.) ALL INCIDENTS INVOLVING THE DISCHARGE OF IMPACT MUNITIONS BY A DEPARTMENT MEMBER; 4.) ANY LESSER USE OF FORCE BY A DEPARTMENT MEMBER WHEN THAT USE OF FORCE STEMS FROM THE SAME INCIDENT DESCRIBED HERE IN 1 THROUGH 3.

THE ASSIGNED INVESTIGATING SUPERVISOR THE RANK OF LIEUTENANT OR ABOVE FROM THE DISTRICT OF OCCURRENCE WILL COMPLETE THE REVIEW SECTION FOR ALL OTHER INCIDENTS

75. SUBJECT'S STATEMENT REGARDING THE USE OF FORCE

☐ DNA

☐ REFUSED

☒ INTERVIEW NOT CONDUCTED (Specify Reason)

Arrestee is currently being treated at West Suburban Hospital.

76. LIEUTENANT OR ABOVE/OCIC RATIONALE FOR BOX 77 FINDING

In R/Lt's opinion, the officer's actions were both reasonable and necessary to overcome the arrestee's use of force and place him into physical custody.

77. LIEUTENANT OR ABOVE/OCIC FINDING BASED UPON CURRENTLY AVAILABLE INFORMATION:

☒ I HAVE CONCLUDED THAT THE MEMBER'S ACTIONS WERE IN COMPLIANCE WITH DEPARTMENT PROCEDURES AND DIRECTIVES

☐ I HAVE CONCLUDED THAT FURTHER INVESTIGATION IS REQUIRED.

LOG NO./CRNO _____ OBTAINED

78. LIEUTENANT OR ABOVE/OCIC (Print Name)

STOPPA, KENNETH A

SIGNATURE

DATE COMPLETED

TIME

03-MAY-2015 20:48:57

79. TOTAL TRR's THIS EVENT No.

6